

DECLARATION AND POWER OF ATTORNEY

I, Timothy Chuter being a citizen of the United States residing respectively at 69A South Main Street, Pittsford, New York 14534 declare that I verily believe I am the original, first and sole inventor of the subject matter for which a patent is sought on the invention entitled EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR OF ANEURYSM AND METHOD FOR IMPLANTING, the specification of which is filed herewith.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations § 1.56 (a).

I hereby appoint Richard L. Mayer, Esq., Reg. No. 22,490, Patrick J. Birde, Esq. Reg. 29, 770 and John E. Tsavaris, II, Esq. Reg. No. 33,804, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please address all communications regarding this application to:

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770* Richard L. Mayer
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Please direct all telephone calls to John E. Tsavaris, II at (212) 425-7200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that

these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor:

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Inventor's Signature: _____

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